

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3							53				
4							54				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		←		←		←		TOTAL IND.		←	
TOTAL DEP.		←		←		←		TOTAL DEP.		←	
TOTAL CLAIMS		←		←		←		TOTAL CLAIMS		←	